TRAVEL REQUEST
PROFESSIONAL DEVELOPMENT

Please check all that apply:

- **Out-of-state travel**
- **Out-of-county travel**
- **Air Travel**
- **Car Rental**
- **Overnight travel _within_ 60 miles of work location (Attach explanation)**
- **Lodging (per night) exceeds maximum allowed ($150.00 single, $175.00 shared)**

School/Department _____

Traveler Name _____

    Administrator   Instructional   Non-Instructional

Name of Event _____

Dates of Event   From: _____ To: _____

Location of Event _____

Purpose to Attend _____

EXPENSES TO BE REIMBURSED
(Check applicable boxes)

Mileage   Per Diem   Lodging   Registration   Airfare   Car Rental

Other, please explain _____   Car Pool _____

                _____   Driver

_____

ESTIMATED COST

Mileage	_____	
Per Diem	_____	
Lodging	_____	Fund Source
Registration	_____	_____
Airfare	_____	
Car Rental	_____	Coding
Other	_____	_____
TOTAL	_____	

Traveler Signature _____ Date _____

Principal/Director Signature _____ Date _____

Area/Asst. Supt. Signature _____ Date _____

Board Approved Date _____